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On Freud's Geographies¹

Liz Bondi

Introduction

During the first quarter of the twentieth century psychoanalysis was taken up enthusiastically in the United States of America, the United Kingdom and many other parts of Europe. Sigmund Freud's (1926e/2002) essay, 'The Question of Lay Analysis' is widely cited as an important 'state of the art' account of his theory and practice of psychoanalysis in the 1920s, and is still frequently recommended as an introduction to his thinking. However, as a postscript published in 1927 explained, Freud's reason for writing the essay was not to provide an accessible introduction to his ideas, but to contribute to the defence of his 'non-medical colleague Dr Th.[eodor] Reik' against 'a charge of fraudulent medical practice' (Freud 1927a/2002: 163). In mounting this defence, Freud (1926e/2002: 155) argued that psychoanalysis should not be 'swallowed up by medicine and then be stored away in the psychiatry textbooks' and that people other than medical doctors should be able to train and practice as psychoanalysts. Although 'four-fifths of the people that I acknowledge as my students are doctors' (Freud 1926e/2002: 138), Freud was determined to defend the rights of others to train and practise as well, noting that 'lay people who are practising analysis today are not just anybody, but educated people, PhDs, teachers and individual women with a great deal of experience of life and outstanding personalities' (Freud 1926e/2002: 152). Given restrictions on women's entry to the medical profession in the early twentieth century, Freud's advocacy of lay analysis was especially important in making psychoanalysis accessible to female practitioners.

Freud suggested that medical training 'is more or less the opposite' of the kind of preparation required for practising psychoanalysis, which requires a shift 'from scientific medicine to the practical art of healing' (Freud 1926e/2002: 139). Although a 'curriculum for the analyst has yet to be created' (Freud 1927a/2002: 164), he argued that psychoanalysis should be understood as an intrinsically multidisciplinary field, preparation for which required the study of 'subjects that are far removed from

¹ An earlier version of this chapter, written for a different audience, appears in Cullen et al. 2013

medicine, and with which doctors would never come into contact: cultural history, mythology, the psychology of religion and literary studies' (Freud 1926e/2002: 154). The centrality he accorded to the psychological expression and meaning of myths, creative arts and historical events underlay his view that psychoanalysis 'cannot do without the collaboration of people trained in the humanities' (Freud 1927a/2002: 169).

As well as arguing for collaboration between psychoanalysis and non-medical academic disciplines, Freud argued for collaboration between psychoanalysis and other fields of practice. For example, he suggested that psychoanalysts and educationalists might work together in support of child development, and speculated about the possibility of investing 'money into training in analysis social workers [...] and making them into an auxiliary force to combat cultural neuroses' (Freud 1926e/2002: 157). He insisted that psychoanalytic theory must be firmly grounded in practice, emphasizing the 'mutual dependence in psychoanalysis between healing and researching'; and arguing that psychoanalytic practice is essential to the development of theory through which 'we deepen our dawning insight into human mental life' (Freud 1927a/2002: 168).

In promoting his vision of a multidisciplinary approach psychoanalytic education and practice, Freud (1926e/2002, 1927a/2002) made no direct reference to geography as an academic discipline or field of study. Since then, compared to several other disciplines, the interface between psychoanalysis and geography has remained relatively neglected, notwithstanding this volume. However, in 'The Question of Lay Analysis', Freud very clearly referenced geographic concerns in two different ways. On the one hand, his argument for lay analysis was articulated with specific reference to geographical variations in the circumstances in which psychoanalysts practised, and on the other hand, he drew attention to the value of spatial concepts to psychoanalytic theory. In this chapter I discuss both of these features of his account and use them to elaborate geographical engagements with psychoanalysis as both a body of theory and a set of practices. On the theme of geographical variations, I show how Freud assumed that psychoanalysis could develop into a universally invariant theory and practice unaffected by local circumstances. Aligning my analysis with objections to this kind of universalism, I illustrate how psychoanalysis has been shaped by the contexts in which it has developed, generating a dynamic pattern of spatial variations in the conditions in

which it is practised, as well as different theoretical strands or schools that originated in particular places. Turning to the theme of spatial concepts, I endorse this aspect of Freud's geographies and illustrate how spatial thinking continues to pervade psychoanalytic thinking and practice. Indeed I argue that its reliance on spatial concepts has generated a language shared across a wide range of different theoretical positions. In this context I suggest that, in a variety of ways, psychoanalytic thinking appeals to and explores the construction of, and interplay between, 'interior' and 'exterior' worlds.

On geographical variations in psychoanalytic theory and practice

How place matters

Freud's defence of lay analysis drew attention to differences between Austria, where, in the mid-1920s (and in common with France), the right to treat the sick was legally restricted to medical doctors, and both Germany and America where 'a sick person can elect to be treated in anyway and by anybody he likes' (Freud 1926e/2002: 95). While the original essay was prompted by the charge brought by the Viennese authorities against Dr Reik, the 1927 postscript closes with reference to the very different context of psychoanalysis in America, from where 'the most vehement rejection of lay analysis' emanated (Freud 1927a/2002: 169). Referring to this American context, Freud (1927a/2002: 169) acknowledged, 'lay analysts are responsible for a good deal of mischief and abuse of analysis, and are thereby harming patients as well as the reputation of analysis.'

Freud was clearly well aware that the conditions in which psychoanalysis was developing varied from place to place because of such factors as differences in legal frameworks and existing health-care practices. He expressed sympathy with American colleagues in relation to the specific problems they faced, but argued that their rejection of lay analysis was misguided:

It is understandable that in their outrage they want to distance themselves from these pests [those causing 'mischief and abuse of analysis'] and to exclude lay people from participating in analysis at all. But this state of affairs is sufficient in itself to reduce the significance of their statements. For the question of lay analysis must not be decided by practical considerations alone and local conditions in America cannot by themselves be decisive for all of us (Freud 1927a/2002: 169-170).

Thus, Freud insisted that the *principle* of who should be eligible to train as an analyst should be considered and settled separately from and without reference to

any 'practical' or 'local' circumstances. In so doing he sought to provide foundations for the new profession of psychoanalysis unaffected by the specificities of time and place. Put another way, while Freud recognized that geographical variations impacted on the practice of psychoanalysis in the 1920s, his vision and aspiration was that such local anomalies could be transcended, and that psychoanalysis would in the end become a profession operating in the same way everywhere in the world.

Freud's account deploys a commonplace understanding of the difference that place makes, namely as a more or less idiosyncratic local context from which universal and implicitly placeless ideas and practices need to be abstracted. Furthermore, the idea that progress might expunge significant aspects of local variability is a widespread trope of twentieth century thought (Harvey 1989). It is closely linked to the aspirations of scientific theories and practices of many kinds, in which fundamental principles are formulated without reference to context. Universalism of this kind has been subject to criticism from a range of perspectives. For example, Donna Haraway (1988) has argued that knowledge is necessarily 'situated', in the sense of arising from a particular perspective or location, and therefore as bearing the impress of its originating context. In another register, Bent Flyvbjerg (2001) has argued that a key characteristic of the social sciences is that they address concerns that lose their meaning if abstracted from real, context-specific examples. Focusing more specifically on spatial variations, Doreen Massey (2005) argues that, far from bring contingent anomalies, they are constitutive of an enormous range of phenomena.

In what follows I echo these criticisms of universalism. With reference to the legal parameters of psychoanalytic practice and traditions of psychoanalytic theory, I show how, in the decades since Freud's defence of lay analysis, psychoanalysis has continued to be characterized by geographical variations. I argue that these variations are far from being contingent anomalies but are better understood as intrinsic to psychoanalysis.

Geographical variations in the legal parameters of psychoanalytic practice

The legal parameters within which psychoanalysts practice have become more rather than less geographically variable in the decades since Freud's original intervention on the question of lay analysis. During his lifetime, positions on the question of lay analysis hardened: while in Europe, psychoanalytic training remained open to those

without medical qualifications, in the USA, psychoanalysis was effectively captured by the medical profession, and by the mid-1930s had become institutionalized as a psychiatric specialism accessible only to qualified medical doctors. This situation created a rift within the international community of psychoanalysis, which was resolved only when, in the 1980s, the American Psychoanalytic Society finally opened training routes for those other than medical doctors (Wallerstein 1998).

The legal framing of psychoanalytic practice has been further complicated by the proliferation of forms of psychotherapy inspired or informed by psychoanalysis. These have generated a plethora of titles, which are subject to different forms of, and requirements for, licensing and regulation in different places. For example, the relatively new title of 'counsellor/counselor' is subject to different licensing arrangements in different states of the USA and provinces of Canada.

In the UK, psychoanalysts, psychotherapists and counsellors remain unregulated, meaning that there is no legal restriction on the use of these titles. However, since 2009, titles including the term 'psychologist' have acquired legal protection in the UK. The discrepancy between the position of, say, a psychoanalyst and a psychologist, has arisen as an outcome of a round of discussions about regulation initiated in 2001 when the then (Labour) UK government announced its intention to regulate all of what it called the 'psychological therapies'. After much debate, the route for regulation was specified as the Health Professions Council, which had been created in 2001 as a successor body to the Council for Professions Allied to Medicine (and which has recently been renamed the Health and Care Professions Council). Bodies representing psychoanalysts, psychotherapists and counsellors were united in their opposition to regulation via a body so strongly influenced by medicine, but the main body representing psychologists accepted the proposal. In these circumstances, the regulation of psychologists proceeded while that for psychoanalysts, psychotherapists and counsellors was delayed while, without any shift in government policy, further discussions took place. Then, in 2010, a general election ushered in a new Coalition government and the plan to extend regulation by the Health Professions Council to apply to psychoanalysts and others was abandoned.

This recent British story, and the national and sub-national variations in licensing arrangements in North America, illustrate how laws and regulations are always geographically framed (even when they are international in scope). The

British story also shows how laws and regulations covering practices including psychoanalysis are often influenced by highly contingent local circumstances, such as the electoral fortunes of parties, which themselves often make policy commitments in response to quite specific pressures. At the same time, what happens in one place influences what happens elsewhere. Freud (1926e/2002: 143) recognized this himself, suggesting that if it became impossible for non-medical analysts to practice in Austria, 'they will probably emigrate to Germany' with consequences for the newly formed training institutes in Vienna and Berlin. In relation to the British struggle over regulation, opponents of the proposals for the regulation of psychoanalysts by the Health Professions Council drew on experiences in other countries to make their case (Parker and Revelli, 2008) and no doubt others elsewhere will draw on the British experience to inform future debates and developments.

Geographies of psychoanalytic theory

Accounts of the works of major psychoanalytic thinkers often draw attention to the impact of their particular life stories on their thought, pointing, for example, to connections between the multiple tragedies of Melanie Klein's life and her emphasis on destructive psychic forces (Grosskurth 1986), and between Ronald Laing's highly controlling mother and his concept of the schizophrenic family (Burston 1996). It is a small step from this to consider the cultural shaping of psychoanalysis, for example the influence of anti-semitism on Freud's work (Gay 1989). Of course, such cultural influences are themselves intrinsically geographical.

Prior to the First World War, psychoanalysis was attracting international interest and was travelling well beyond its original central European origins. In the 1930s, the geography of psychoanalysis was massively impacted by the rise of Naziism and the outbreak of the Second World War, which decimated psychoanalysis in Austria, Hungary and Germany, and dispersed refugee psychoanalysts from central Europe around the world. Political ideologies, cultural conditions and the meeting of people from different backgrounds in particular places determined not only whether psychoanalysis could be practised at all, but also how it developed as a body of theory and practice (Roazen 2001). For example, in the UK, after Freud's death and during the Second World War, the future of British psychoanalysis was deeply influenced by the Controversial Discussions, in which two

immigrant Jewish women, Anna Freud and Melanie Klein, led impassioned debate about their respective claims to be the true inheritors of Sigmund Freud's psychoanalytic theory (King and Steiner 1991). In war-torn London, their conflict was moderated by women and men from the majority Christian culture, including Sylvia Payne, D. W. Winnicott and James Strachey, who argued for, and eventually achieved, a compromise in which three training divisions (Kleinian, Freudian and Independent) secured recognition and arrangements for co-existence within the British Psychoanalytic Society.

Language has also been an important influence on the evolution of psychoanalysis. Translation between languages has been of critical importance but is never a neutral, transparent process. For many decades *The Standard Edition* has been the most widely used English-language version of Freud's original, German-language papers. However, some of the choices made by James Strachey in his capacity as chief editor and primary translator of Freud's works have generated ongoing debate and discussion. For example, Alan Bance, who translated 'The Question of Lay Analysis', for a new English-language translation edited by Adam Phillips, has contributed to criticism of Strachey's use of 'Ego' and 'Id', insisting instead that Freud's own choice of colloquial terms 'obliged [him] to use the terms "I" and "It"' (Freud 2002: 158n3). The challenges of translation between languages have themselves prompted debates about psychoanalytic concepts. In this context, the dominance of English has led to relatively few psychoanalytic papers written in other languages being translated into English, depriving the English-language literature of a potential source of enrichment.

Since Freud's death, different 'schools' of psychoanalysis have developed, broadly aligned with national states or geographical regions, including the British school of object relations, the North American school of self psychology, the French Lacanian school and the Latin American school of analytic field theory. These schools have not remained bound by national boundaries but have themselves travelled, shaped by and shaping cultural and political circumstances they encountered and in which they became embedded. Philip Cushman (1996) has explored one highly influential example by tracing the interplay between American psychotherapy and American consumerism. On his account, the self psychology of Heinz Kohut, who had arrived in the USA from Austria in 1940, and the object relations theory of the British psychoanalyst D. W. Winnicott, both fore-grounded a

theorization of the self as an internal world ‘peopled’ by internal objects. Cushman’s key point concerns how, in the American context, the spaces between these internal objects became crucial, such that the self came to be understood in terms of lacks, gaps and emptiness. For Cushman, the idea of the self as an empty vessel or landscape to be populated in some way fitted perfectly with the logic of consumerism in which ceaseless acquisition promised but forever failed to fill these internal voids.

The local shaping of psychoanalytic theory has also been explored in relation to a number of other geographical contexts. For example, Gavin Miller (2008) has argued that classic Scottish contributions to psychoanalytic theory – including the work of Ian Suttie, Ronald Fairbairn, Hugh Crichton-Miller, Ronald Laing and John Sutherland – bear the impress of a distinctively Scottish philosophical and theological tradition. Miller emphasizes the importance of communion or fellowship within Scottish religious, cultural and intellectual life, which he has traced through the writings of Scottish psychoanalysts and their transfer to other places. Developing this theme, David Fergusson (2013) has pointed to connections between the work of the Scottish philosopher John Macmurray and the Scottish psychoanalysts Ian Suttie and Ronald Fairbairn, especially in their emphasis on interpersonal personal relationships. He shows how Macmurray applied ideas inflected by the psychoanalytic writings of Suttie and Fairbairn to relationships between professional experts and their patients, clients or pupils, and how Suttie and Fairbairn in their respective contributions to what became the British object relations tradition in psychoanalysis drew on a distinctly Scottish strand of thinking, which has been described as ‘personal relations theory’ (Clarke 2006).

Spatial thinking in and beyond Freud’s exposition of psychoanalysis

Freud’s spatial metaphors

In ‘The Question of Lay Analysis’, Freud drew attention to the importance of a spatial perspective for psychoanalytic theory and it is to this aspect of his geographies that I now turn. He appealed to ‘the spatial relationship of “in front” and “behind”, “superficial” and “profound”’ (Freud 1926e/2002: 105) to describe what he called “the structure of the mental apparatus we have formed during our analytical studies” (Freud 1926e/2002: 104). Where it might have passed unnoticed, he chose to emphasize his reliance on spatial thinking:

let us imagine that the I [Ego] is the outer layer of the mental apparatus, the It [Id], modified by the influence of the external world (by reality). You can see from this how seriously we in psychoanalysis take spatial concepts. The I for us really is the surface, the It the deeper layer – as seen from outside naturally. (Freud 1926e/2002: 106)

Thus, although Freud viewed differences between places as local idiosyncrasies that detracted from the rational development of psychoanalysis, he found abstract ideas about space essential to his theory, and he acknowledged that the position of the knower matters: what is on the surface and what lies deep inside depends upon one's position.

Freud (1901b/2002) conceptualized the unconscious as timeless: the unconscious cannot forget and 'knows no time limit'. Unconscious material persists, liable to return regardless of the passage of time, for example in the unremitting immediacy of traumatic flashbacks, and the reappearance, sometimes in new forms, of apparently long-forgotten symptoms. In Freud's formulation, the unconscious does not conform to the rules of Euclidean space any more than it does time. But the language of space offers what George Lakoff and Mark Johnson (1980) have called orientational metaphors, which they link to our bodily experience of negotiating our physical environments. Freud understood mental life to be biologically grounded and conveyed a strong sense of the centrality of embodied existence to the unconscious. Thus, resonating with Lakoff and Johnson (1980) account of 'metaphors we live by', Freud's use of spatial metaphors in 'The Question of Lay Analysis' and elsewhere, reflected his understanding of the embodied materiality of mental life.

A common spatial language?

A feature of psychoanalytic theory from Freud onwards is that it offers a way of thinking about how what originates outside our minds, including other people (or parts of them), the cultures into which we are born, the material entities that surround us, gets inside, and how what is inside gets outside. Psychoanalysis understands the boundary between interior and exterior to be unstable, porous and mutable.

Boundaries, and the distinction between inside and outside, are intrinsically spatial ideas. Not surprisingly, therefore, post-Freudian psychoanalytic writers have followed his example in using richly spatial language. For example, within Anglophone psychoanalysis, much of Winnicott's development of psychoanalytic theory focussed on the dynamic relationship between infant and primary carer (which he assumed

would be the infant's mother) for which he utilized spatial concepts. These included his idea of the 'facilitative environment', which situates the needs of a person (archetypically the infant) in relation to a surrounding landscape of provision, the qualities of which support or undermine the person's development and flourishing (Winnicott 1965). He also introduced the idea of a third area, neither inside nor outside but between, for which he used the term 'potential space' and which he described as zone in which illusions can be allowed enabling the infant to begin to gain a sense of active engagement with its environment (Winnicott 1971). Another influential example is Wilfred Bion's (1963) concept of containment, which gives spatial form to the dynamic relationship between container (archetypically the mother's mind) and contained (archetypically the infant's unconscious experience). Arguably the whole edifice of object relations theory relies heavily on spatial concepts, portraying unconscious life as figures or objects in a landscape (Cushman, 1996). The Spanish-language tradition of Argentinian psychoanalysis developed different spatial concepts. In a paper first published in Spanish 1962 but not available in English until 2008, Willy and Madeleine Baranger (2008) described the analytic situation as a temporal and spatial structure, and drew on the metaphor of the 'field' to explore the unconscious and conscious dynamics that ensue.

This reliance on, and development of, spatial concepts by classic psychoanalytic writers, continues into numerous contemporary contributions, of which I outline two. To begin with a recent discussion of depression, mourning and melancholia, informed by both Lacanian and object relations theory, Darian Leader (2008) has described the work of mourning in terms of four motifs or elements, each of which is intrinsically spatial. The first concerns 'the introduction of a frame to mark out a symbolic, artificial space' (Leader 2008: 168), which enables the losses that haunts us to be represented and thereby contained or demarcated. The second arises from what Leader describes as the need to lay our dead to rest symbolically, and which requires some kind of spatial separation to be made between the living and the dead, such as burial in a demarcated space. The third motif is about separating 'the images of those things that matter to us from the *place* that they occupy' (Leader 2008: 131, original emphasis). In the language of object relations, mourning requires 'the mourner to be able to differentiate, at an unconscious level, between the object and the place of the object' (Leader 2008:131). In other words in mourning, we separate our image of the lost person from the place they occupied in

our unconscious life. The final motif in Leader's account involves the converse process in which, in mourning we 'giv[e] up the image of who we were' (Leader 2008: 168) for the person we have lost, which requires us to separate our continuing sense of who we are from the image of our place in the life of our lost loved.

I turn next to a recent reading by Thomas Ogden (2007) of a paper by Howard Searles, much of whose writing gathers together clinical illustrations of a particular theme (Searles 1965). For Ogden (2007: 353), Searles is unrivalled 'in his ability to capture in words his observations concerning his emotional response to what is occurring in the analytic relationship'. Consequently Searles has been influential in elaborating and developing how clinicians understand and make use of the dynamics of transference and counter-transference in psychoanalytic work. He explored in depth how these dynamics can be re-enacted in relationships between clinicians and their clinical supervisors (Searles 1965) making him a potentially important psychoanalytic theorist of the transmission of affect.

Ogden's account draws on several of Searles' clinical illustrations including a session in which an elderly patient brought a letter from her daughter, from whom she had not heard for several years. The patient gave the letter to Searles to read, a request that made him uncomfortable. Noticing his own emotional experience, and in the process of responding to her request, he was able to connect his feelings with those of his patient. Having noticed his reluctance to read the letter because he wasn't the person to whom it was addressed, he said 'but I wonder if *you* feel that *you*, likewise, are not the person to whom the letter is addressed' (Searles 1990: 214-5, original emphasis). His speculation acknowledged that his patient felt herself to be a different person from the woman her daughter imagined her to be. On Ogden's (2007: 362-363) reading:

On the basis of this feeling/thought, Searles did something with the situation that, for me, is astounding: he turned [his] experience 'inside out' in his mind in a way that revealed something that felt true to him, to the patient, and to me as a reader. [...] Searles took his feeling that it was not right to read a letter not addressed to him – the 'inside', in the sense that it was his own personal response – and made it 'the outside'. By 'outside', I mean the context, the larger emotional reality, within which he was experiencing what was occurring between himself and the patient and, by extension, within which the patient was experiencing herself in relation to her daughter.

As Ogden (2007: 363) elaborates, this turning of experience inside out is 'far more subtle' than 'making the unconscious conscious'. It required 'Searles to make a

transformation in himself in which context [his felt experience] becomes content [something to be thought about]' (Ogden 2007: 363). Moreover, Searles described this happening while he was talking, prompting Ogden to suggest that 'Searles was not saying what he thought; he was thinking what he said. That is, in the very act of speaking, inner was becoming outer, thinking was becoming talking, unthinkable context was becoming thinkable content, experience was being turned inside out' (Ogden 2007: 363).

On Ogden's (2007: 363) account, transactions between inside and outside are continuous and dynamic: 'like the surface of a Moebius strip, inside is continually in the process of becoming outside and outside becoming inside'. The metaphor of the Moebius strip is a way of thinking about psychoanalytic understandings of subjectivity, and the complex interplay between inter-subjectivity and intra-psychic experience within psychoanalytic practice.

The creative spaces of psychoanalytic practice

As I have begun to elaborate, spatial concepts infuse the language of psychoanalytic practice as well as psychoanalytic theory. Much of this spatial language moves with ease between practitioners who locate their work within different theoretical frameworks. For example, enormous emphasis is placed on therapeutic boundaries, including the times and spaces in which therapeutic work takes place, the kinds of contact permitted between clinicians and patients within and outside therapy sessions, and the principle of confidentiality, which places a boundary around communications between clinicians and patients (Bondi with Fewell 2003). Clinicians also attend carefully to the material spaces in which therapy occurs, valuing highly both consistency (in the sense of meeting in the same room in the same building with minimum alteration to the furnishings and other contents) and privacy (in the sense of a space protected from intrusion by others physically, visually and aurally). Within these spaces the spatial configuration of the analytic couple is accorded significance. Freud adopted the practice of sitting on a chair out of the line of vision of his analysand who lay on a couch. Chair and couch have been configured differently by others and in weekly (rather than more frequent) modes of practice, clinician and patient often sit more or less (but not directly) face-to-face in chairs of equal height.

These apparently practical details about physical spaces are invested with meaning in ways that connect back to Freud's (1926e/2002: 106) portrayal of

the I [Ego] as a kind of façade of the It [Id], a foreground or if you like an outer layer or shell. [...] We know that shells owe their particular qualities to the modifying influence of the external medium to which they are exposed. [...] The I is situated between reality and the It, the actual mental realm.

In psychoanalytic practice, clinicians and patients necessarily interact through the medium of their 'shells' as well as in relation to what lies underneath those shells. The work is often about the dynamic interplay between surface and interior, between the 'I' and the 'It'. As the example from Searles' illustrates, movements between these operate inter-personally as well as intra-psychically. To do this work clinicians provide an 'external medium', one into which their patients bring the 'particular qualities' of the 'shells' they inhabit. The external medium of therapy is carefully demarcated from the other environments and its consistency is designed in part to help the analytic couple to see the nature of the complex adaptations or habits of engaging with the world (inner and outer) that bring the patient to therapy. Consistency is not the same as rigidity, and clinicians also represent their capacity for thoughtfulness in the care with which therapeutic spaces are designed. The environments made available to patients include the psychoanalyst's mind, which is itself hidden beneath clinician's outer layers or shells. I would suggest that clinicians symbolize their capacity to think, and to serve as container to their patients (Bion, 1963), in part through the interior designs and spatial configurations of therapeutic spaces.

Another way of framing this account is to describe psychoanalytic practice as operating in an intermediate area between inside and outside, to which Winnicott (1971) appealed in his concept of 'potential space'. On this account, therapy can be understood as taking place in 'an area of illusion', which provides an 'intermediate area of experience, unchallenged in respect of its belonging to inner or external (shared) reality' (Winnicott 1971: 14). According to Winnicott this area is the space of play, creativity and cultural experience. It is what enables meanings to be shared and co-created. One way of understanding psychoanalysis is as a body or bodies of theory and practice dedicated to enabling, exploring and enriching this intermediate space. In this sense, psychoanalysis is intrinsically geographical in its concerns.

Conclusion

Nearly a century ago Freud advanced a multidisciplinary vision for psychoanalysis. Although he did not refer explicitly to geography as a potential partner for psychoanalytic theory and practice, he did reference geographical concerns. Drawing on his essay in defence of lay analysis, I have identified two different aspects of Freud's geographies, contesting one and endorsing the other. On the one hand, I have argued against his universalist aspiration for psychoanalysis, insisting instead that neither theory nor practice are ever context-free. I have made the case that psychoanalysis is intrinsically situated, shaped in and by the places in which it is practiced and the relationships between these places. From the earliest days, psychoanalysis has travelled. Far from this leading to homogenization, such travels have enriched psychoanalysis through the constant recontextualization of ideas.

On the other hand, Freud realized that spatial ideas were vital to his thinking and this has continued to be that case for psychoanalysis ever since. Without much, if any, explicit contact with the work of geographers, psychoanalytic writers have relied strongly on spatial concepts and in so doing have developed highly spatial ways of thinking and practice. Psychoanalysis has become a rich source of non-Euclidean conceptualizations of space especially in relation to the distinction between inside and outside. I have suggested that psychoanalysis might be thought of as working to produce new geographies, especially across distinctions between inside and outside.

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